

REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 7 - A-05
(June 2005)

Subject: Policy Sunset Report for 1995 AMA Socioeconomic Policies

Presented by: William H. Beeson, MD, Chair

Referred to: Reference Committee G
(Virginia T. Latham, MD, Chair)

1 In 1984, the House of Delegates established a sunset mechanism for House policies (Policy H-
2 600.110, AMA Policy Database). Under this mechanism, a policy established by the House ceases
3 to be viable after 10 years unless action is taken by the House to reestablish it.

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5 The objective of the sunset mechanism is to help ensure that the AMA Policy Database is current,
6 coherent, and relevant. By eliminating outmoded, duplicative, and inconsistent policies, the sunset
7 mechanism contributes to the ability of the AMA to communicate and promote its policy positions.
8 It also contributes to the efficiency and effectiveness of House deliberations.

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10 Modified by the House on several occasions, the policy sunset process currently includes the
11 following key steps:

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- 13 • Each year, the House policies that are subject to review under the policy sunset mechanism are
14 identified.
 - 15
 - 16 • Such policies are assigned to the appropriate AMA Councils for review.
17
 - 18 • Each AMA Council that has been asked to review policies shall develop and submit a separate
19 report to the House that presents recommendations on how the policies assigned to it should be
20 handled.
 - 21
 - 22 • For each policy under review, the reviewing Council shall recommend one of the following
23 alternatives: (a) retain the policy; (b) rescind the policy; (c) retain part of the policy.
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 - 25 • For each recommendation that it makes, the reviewing Council shall provide a succinct, but
26 cogent justification for the recommendation.
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 - 28 • The Speakers shall assign the policy sunset reports for consideration by the appropriate
29 Reference Committee.

1 Although the policy sunset mechanism should not be used to change the meaning of AMA policies,
2 minor editorial changes can be accomplished through the sunset review process. The appendix to
3 this report contains recommended actions on 1995 AMA socioeconomic policies, as well as several
4 other policies that were inadvertently overlooked in previous sunset reviews.

5

6 RECOMMENDATION

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8 The Council on Medical Service recommends that the following be adopted and the remainder of
9 the report be filed:

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11 That the American Medical Association policies listed in the appendix to this report be acted
12 upon in the manner indicated. (Directive to Take Action)

Fiscal Note: No significant fiscal impact.

Appendix
Recommended Actions on 1995 AMA Socioeconomic Policies

Policy #	Title	Recommended Action and Rationale
H-40.971	Uniformity in CHAMPUS and Medicare PRO Quality Review.	Rescind. Directive accomplished - CHAMPUS has become part of TRICARE program and Medicare rules are used as model for peer review program.
H-40.974	Assistance to Reservist Physicians Before, During and After Activation.	Rescind. Directives accomplished - Senior Physicians Group has considered establishing pool for covering reservist physician practices. Project USA not authorized for such coverage.
H-55.992	Reimbursement for Breast Reconstruction.	Retain. Still relevant.
H-70.965	CPT Coding of Emergency Interventions.	Retain-in-part. Modify to read as follows: The AMA will: (1) communicate to third party payors the need to recognize and to make appropriate payment for CPT codes <u>99354 and 99355</u> 99052 and 99058 ; and (2) educate physicians about the usage of the new prolonged service codes in CPT 1994 particularly as they might be used to report emergency situations in physicians' offices.
H-70.966	Current Procedural Terminology Process.	Retain. Still relevant.
H-70.967	Reimbursement for Technical Components of Procedures in Hospitals.	Rescind. Directive accomplished - the CPT Editorial Panel and the RUC have reviewed the value of physician work associated with the provision, supervision, and interpretation of diagnostic tests.
H-70.997	Medicare and Current Procedural Terminology.	Retain. Still relevant.
H-85.994	Hospice Standards.	Retain. Still relevant.
H-155.965	Health Care Rationing.	Retain. Still relevant.

Policy #	Title	Recommended Action and Rationale
H-155.978	Correcting Misinformation on Health Care Costs and Spending.	<p>Retain-in-part. Modify to read as follows:</p> <p>It is the policy of the AMA to (1) that in implementing Health Access America and other relevant efforts, the American Medical Association continue to use press releases, press conferences, and appropriate paid advertising to inform the public of the reasonableness of health care costs and their increases, with such information to include (a) the similarity of increases in medical and non-medical costs when increases in population served and intensity of service are considered, and (b) the importance of healthy lifestyle choices; (2) that the AMA review available information on recent increases in the cost of hospital care, physicians' services (putting fees into perspective) and health insurance. The AMA will give continued priority to (1) identifying and seeking the correction of taxonomic and methodological limitations in data on health care spending in the U.S.; (2) improving the comparability of this data with that from other industrialized countries; (3) communicating the results of such efforts widely to health care policy makers, patients, and the public; and (4) identifying the cost of health care programs and the cost of long-term care that are included in government figures as the "Cost of Health Care" so that these costs may be publicly identified in debates, forums and media releases on this subject. Directives accomplished and superseded by H-155.979, H-155.980, H-155.985, H-155.988, H-155.993, and H-155.998.</p>
H-155.980	Patient and Public Education about Cost of Care.	Retain. Still relevant.
H-155.994	Sharing of Diagnostic Findings.	Retain. Still relevant.
H-160.944	Defining "Observation Care."	Retain. Still relevant.
H-160.945	Subacute Care Standards for Physicians.	Retain. Still relevant.

Policy #	Title	Recommended Action and Rationale
H-160.952	Access to Specialty Care.	Retain-in-part (1), (3), and (4). Rescind (2). Directive accomplished - collaborative efforts were coordinated by the AMA.
H-160.960	Corporate Ownership of Established Private Medial Practices.	Retain. Still relevant.
H-165.887	Development of Health Care Priorities.	Retain-in-part (2). Rescind (1). Directive accomplished - Oregon Health Plan accomplishments were recognized by the AMA.
H-165.891	Trends in the Organization of Health Care Delivery Systems and the Influence on Physician's Practices.	Rescind. Directive accomplished – addressed by CMS Reports 12 (A-96), 14 (A-98), and 4 (A-04), and redistribution of AMA model state legislation.
H-165.899	Use of Service Component of CPI in Health System Reform.	Rescind. Superseded by H-385.954.
H-165.925	AMA Standard Benefits Packages.	Rescind. Superseded by H-165.865 and previous rescission of H-165.980.
H-165.979	Access to Health Care for the Uninsured.	Rescind. Directives accomplished and superseded by H-165.855, H-165.856, H-165.882, H-165.895, H-165.920, H-165.987, and H-165.995.
H-180.965	Income Tax Credits or Deductions as Compensation for Treating Medically Uninsured or Underinsured.	Retain. Still relevant.
H-200.991	Difficulties in the Fulfillment of National Health Service Corps Contractual Obligations.	Retain. Still relevant.
H-205.995	Voluntary Health Planning.	Retain-in-part (1). Rescind (2), (3), and (4). Directives accomplished and superseded by H-205.997.
H-225.993	Medical Staff Policy Determination.	Retain. Still relevant.
H-240.981	DRGs for Federal Health Programs.	Rescind. Superseded by H-240.985, H-390.970, H-390.975, and H-390.992.
H-240.983	Restoring Care to Medicare.	Rescind. Directives accomplished and superseded by H-335.984 and H-335.996.
H-240.984	Hospitalization Payments.	Rescind. Obsolete - critical issue is adequate review and appeals mechanism which is addressed by H-285.998, H-320.948, H-320.952, and H-320.968.
H-240.985	Position Statement on the Federal DRG Program.	Retain-in-part (1), (2), and (4). Rescind (3). Directive accomplished - the AMA previously expressed its reservations about the DRG system.
H-240.995	Diagnostic Related Groups.	Retain. Still relevant.
H-280.974	Medically Necessary Nursing Facility	Retain. Still relevant.

Policy #	Title	Recommended Action and Rationale
	Visits.	
H-280.978	Compensation for Multiple Same Day Patient Visits in a Single Skilled Nursing Facility.	Rescind. Superseded by H-280.974.
H-280.982	Nursing Home Reimbursement.	Rescind. Superseded by H-280.974.
H-280.999	Physicians Involvement in Long-Term Care.	Retain. Still relevant.
H-285.968	Managed Care Organizations Due Process.	Rescind. Superseded by H-285.941, H-285.942, H-285.981[1], H-285.991[1d], H-285.996, H-285.997, and H-320.953[8].
H-285.969	Managed Care Education.	Retain. Still relevant.
H-285.970	Physicians Office Review by Third Party Payors.	Retain. Still relevant.
H-285.980	Due Process in Managed Care.	Rescind. Superseded by H-185.975[1], H-285.941, H-285.981, H-383.997, and H-385.973.
H-285.987	Guidelines for Qualifications of Managed Care medical Directors.	Retain. Still relevant.
H-285.988	Vertical Divestiture in the Health Care System.	Retain. Still relevant.
H-290.955	Case Management System for Outpatient Clinics.	Retain. Still relevant.
H-315.995	Hospital Face Sheet: Physician Responsibility.	Retain. Still relevant.
H-320.955	Conflict of Interest in Care Review.	Retain. Still relevant.
H-320.958	Emerging Trends in Utilization Management.	Retain-in-part (1), (2), and (3). Rescind (4) and (5). Directives accomplished - policies advocated to managed care organizations, third-party payers, and government entities.
H-320.969	Concurrent Review Procedures of Inpatient Care by HMO Representatives.	Retain. Still relevant.
H-320.993	Utilization Management.	Retain. Still relevant.
H-330.939	Reimbursement by Medicare for Psychotherapy Provided by Residents.	Retain. Still relevant.
H-330.966	Quality of Care and Proposed Medicare Cutbacks.	Rescind. Superseded by H-330.932 and H-165.987.
H-330.994	Acute Arthritis Rehabilitation Guidelines.	Rescind. Superseded by H-390.867 and H-390.927.

Policy #	Title	Recommended Action and Rationale
H-340.903	Peer Review Organization Program Status.	Retain-in-part. Modify to read as follows: H-340.903 <u>Quality Improvement Peer Review</u> Organization Status. The AMA urges CMS to carefully review the potential for conflict of interest when the same organization that contracts as a Medicare <u>Quality Improvement Peer Review</u> Organizations fulfills similar quality improvement contracts in the private sector.
H-340.990	PRO Involvement in Quality Review and Physician Sanctions.	Retain-in-part. Modify to replace references to "PRO" with "QIO" to reflect new CMS terminology.
H-375.994	Peer Review in All Health Care Facilities.	Retain. Still relevant.
H-385.954	Producer Price Index for Physician Services.	Retain. Still relevant.
H-385.955	Denial of Payment for Treatment of Immediate Family Members.	Retain. Still relevant.
H-385.957	Regulation of Fee Review Companies.	Retain. Still relevant.
H-385.986	National Mandatory Fee Schedule.	Retain. Still relevant.
H-385.992	Reimbursement for CT Scans and Other Procedures.	Retain. Still relevant.
H-390.868	Ambulatory Patient Groups.	Retain. Still relevant.
H-390.872	Compensation for Physicians Who Accompany Seriously Ill or Injured Patients to Hospitals.	Retain. Still relevant.
H-390.991	CMS Reimbursement Policy for Physicians in Solo Practice "Covering" Medicare Patients for Each Other.	Retain. Still relevant.
H-390.992	Prospective Payment System and DRGs for Physicians.	Retain. Still relevant.
H-400.954	Capitation Update.	Rescind. Superseded by H-400.950 and H-400.955.
H-400.994	Payment for Physician Services Under Medicare.	Retain. Still relevant.
H-400.996	Physician Reimbursement Under Medicare.	Retain. Still relevant.
H-415.995	National PPO and Alternative Delivery System Agreements.	Rescind. Superseded by H-285.946, H-285.952, H-285.995[1], and H-383.996.
H-450.961	Health Plan "Report Cards."	Retain. Still relevant.
H-450.966	Quality Management.	Retain. Still relevant.
H-450.973	Outcomes Research.	Retain. Still relevant.
H-450.986	Rural Health.	Retain. Still relevant.